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Patent Department - RY 60-30 Merck & Co., Inc. P.O. Box 2000 Rahway, NJ 07065

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PATENT CASE NO. MC060P

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | In re application of: <u>HAN ET AL.</u> Serial No. 10/521,508 |  |  |  |  |
|--|---|--|--|--|--|
|  | Filed January 18, 2005  |  |  |  |  |
|  | Group Art Unit 1626   |  |  |  |  |
|  | Examiner G. Shameem   |  |  |  |  |
|  | For: EP4 RECEPTOR AGONISTS, COMPOSITIONS AND METHODS THEREOF  |  |  |  |  |

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

#### CLAIMS AS AMENDED

| (1)                                   | (2) Claims remaining after amendment | (3) | (4)<br>Highest Number<br>Previously Paid For | (5)<br>Present<br>Extra | (6)<br>Rate   | (7)<br>Additional<br>Fee       |
|---------------------------------------|--------------------------------------|-----|--|-------------------------|---------------|--------------------------------|
| Total Claims<br>Independent<br>Claims | * 7                                  | •   | ** <u>20</u> =                               | x                       | \$50<br>\$200 | = <u>0.00</u><br>= <u>0.00</u> |
| Multiple<br>Dependent<br>Claims       |                                      |     |  |                         | \$360 ****    | =                              |
|                                       |                                      |     | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT      |                         |               | 0.00                           |

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\_ to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

> for Applicant(s) Attorney Reg. No. 36.436

MERCK & CO., INC. Patent Dept., RY60-30 P.O. Box 2000

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IN DUPLICATE Date: May 25, 2006

<sup>\*\*</sup> If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

<sup>\*\*\*\*</sup> Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.